County: St. Croix AMERICAN HERITAGE CARE CENTER 425 DAVIS STREET

HAMMOND 54015 Phone: (715) 796-2218
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 54
Total Licensed Bed Capacity (12/31/00): 56
Number of Residents on 12/31/00: 50

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Corporation Skilled
No
Yes

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %			
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	30. 0 38. 0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 36. 0	Under 65 65 - 74	0. 0 6. 0	More Than 4 Years	32.0
Respite Care Adult Day Care	Yes No	Mental Illness (Other) Alcohol & Other Drug Abuse	2. 0 0. 0	75 - 84 85 - 94	28. 0 54. 0	*************	100.0
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 0. 0	95 & 0ver	12. 0	Full-Time Equival Nursing Staff per 100	
Home Delivered Meals Other Meals	No Yes	Fractures Cardi ovascul ar	10. 0 6. 0	65 & 0ver	100. 0 100. 0	(12/31/00)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	10. 0 4. 0	Sex	<u></u> %	RNs LPNs	7. 1 11. 8
Other Services Provide Day Programming for Mentally Ill	No No	Respiratory Other Medical Conditions	8. 0 24. 0	Male Female	26. 0 74. 0	Nursing Assistants Aides & Orderlies	37. 1
Provide Day Programming for Developmentally Disabled	No No		100. 0	гешаге	100. 0		
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Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pri vate			ri vate	Pay	 [Managed Care			Percent	
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	SO. 00	0	0. 0%
Skilled Care	2	100.0	\$279.53	28	84.8	\$102. 16	1	100. 0	\$192. 18	11	78. 6	\$117.50	0	0. 0	\$0.00	42	84.0%
Intermedi ate				5	15. 2	\$84. 61	0	0.0	\$0.00	3	21.4	\$112.00	0	0.0	\$0.00	8	16.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0%
Total		100.0		33	100. 0		1	100. 0		14	100.0		0	0.0		50	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 32.4 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 5.4 Bathi ng **0**. 0 100.0 0.0 50 Other Nursing Homes 2.7 Dressi ng 26. 0 16.0 58. 0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 22. 0 30.0 50 **56.8** 48. 0 38.0 48.0 50 0.0 Toilet Use 14.0 50 0.0 Eating 68.0 4.0 28.0 ****** Other Locations 2.7 Total Number of Admissions 37 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 4.0 6. 0 Private Home/No Home Health 0.0 Occ/Freq. Incontinent of Bladder **52.0** 0.0 Private Home/With Home Health 37. 5 Occ/Freq. Incontinent of Bowel **46**. **0** 0.0 Other Nursing Homes 9. 4 2. 0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 18.8 Mobility 2. 0 Physically Restrained 0.0 0.0 30.0 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 4.0 Deaths 34.4 With Pressure Sores Have Advance Directives 60.0 Total Number of Discharges With Rashes 2.0 Medications Receiving Psychoactive Drugs 48.0 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:			Bed	Si ze:	Li ce	ensure:		
	Thi s	Pro	ori etary	50-	- 99	Ski l	lled	All Facilities	
	Facility		Group	Peer	Group	Peer	Group		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89. 3	82. 5	1.08	87. 3	1. 02	84. 1	1.06	84. 5	1.06
Current Residents from In-County	94. 0	83. 3	1. 13	80. 3	1. 17	83. 5	1. 13	77. 5	1. 21
Admissions from In-County, Still Residing	40. 5	19. 9	2.04	21. 1	1. 92	22. 9	1. 77	21. 5	1.89
Admi ssi ons/Average Daily Census	74. 0	170. 1	0.44	141. 8	0. 52	134. 3	0. 55	124. 3	0.60
Discharges/Average Daily Census	64. 0	170. 7	0. 38	143. 0	0.45	135. 6	0.47	126. 1	0. 51
Discharges To Private Residence/Average Daily Census	24. 0	70. 8	0. 34	59. 4	0.40	53. 6	0. 45	49. 9	0.48
Residents Receiving Skilled Care	84. 0	91. 2	0. 92	88. 3	0. 95	90. 1	0. 93	83. 3	1.01
Residents Aged 65 and Older	100	93. 7	1. 07	95. 8	1.04	92. 7	1.08	87. 7	1. 14
Title 19 (Médicaid) Funded Residents	66. 0	62. 6	1.05	57. 8	1. 14	63. 5	1.04	69. 0	0. 96
Private Pay Funded Residents	28. 0	24. 4	1. 15	33. 2	0.84	27. 0	1.04	22. 6	1. 24
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	38. 0	30.6	1. 24	32. 6	1. 17	37. 3	1. 02	33. 3	1. 14
General Medical Service Residents	24. 0	19. 9	1. 21	19. 2	1. 25	19. 2	1. 25	18. 4	1.30
Impaired ADL (Mean)	51. 2	48. 6	1.05	48. 3	1.06	49. 7	1.03	49. 4	1.04
Psychological Problems	48. 0	47. 2	1. 02	47. 4	1.01	50. 7	0. 95	50. 1	0. 96
Nursing Care Required (Mean)	5.8	6. 2	0. 93	6. 1	0. 95	6. 4	0. 89	7. 2	0.80